

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/501962

FILING DATE

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		3		/			54						
5		0		/			55						
6		0		/			56						
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8		0		/			58						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	17	←	18	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	18		19				TOTAL CLAIMS						

MERCE